

Informed Consent to Counsel

I, _____ (student), agree to be counseled by the school counselor _____ at Delta High School.

I (both parent and student) understand that a critical part of the counseling relationship is the establishment and maintenance of a trusting and confidential relationship between the counselor and the student.

I (as parent) will honor the counselor/student privilege of confidentiality and know that the counselor will always encourage a strong line of communication between the student and his/her parent(s), teacher(s), and other stakeholders in the student's life. I understand that the best interest of the student is the core focus of any interaction between the counselor and student.

I, (the student), understand and have been told that all of my counseling sessions will remain confidential except when certain legal restrictions arise and confidentiality cannot be maintained. These cases include: (a) any form of child abuse [neglect, physical, and/or sexual], (b) danger to one's self [i.e., suicide], and (c) danger to others [homicide, threat to injure someone, etc.].

I, (the student), also understand that the counselor may choose to consult with other professionally competent mental health professionals about my case. If consultation occurs, in no way will the student's identification be revealed.

I have read and understand the above statements regarding confidentiality, consultation, and counseling. I agree to have my child be counseled by the school counselor _____. I may contact her at any time during the school day to talk with him/her regarding my child.

Parent or Guardian's Signature: _____ **Date:**

Student's Signature: _____ **Date:**

Counselor's Signature: _____ **Date:**
